

V. S. No. 3067
Rev. 10-48
SEP 22 1952THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32100

State File No.

BIRTH NO.		REG. DIST. NO. <u>162</u>		PRIMARY REG. DIST. NO. <u>5195</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY OR TOWN <u>RURAL - ROCK TOWNSHIP</u>				c. CITY OR TOWN <u>RURAL ROCK TOWNSHIP</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME NEAR BECK, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>HOME - NEAR BECK Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>KATHERINE STAHL.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 6. 1952</u>			
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 8, 1869</u>	
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>2</u>		11. DAYS <u>28</u>		12. HOURS <u>-</u> MIN. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>GIMBACH, GERMANY</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>CONRAD KLEINER.</u>				13b. MOTHER'S MAIDEN NAME <u>KATHERINE KLEINER.</u>			
14. NAME OF HUSBAND OR WIFE <u>HENRI STAHL.</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>ARTHUR STAHL.</u>				ADDRESS <u>ARNOLD Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Arnold Jefferson Mo.</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>1949</u> to <u>9-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-6</u> , 19 <u>52</u> , and that death occurred at <u>2:30 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Reich MD</u>				23b. ADDRESS <u>Imperial Mo</u>			
23c. DATE SIGNED <u>9/7/52</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>				24b. DATE <u>SEPT 9-52</u>			
24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u>				24d. LOCATION (City, town, or county) (State) <u>BECK Mo.</u>			
DATE REC'D BY LOCAL REG. <u>9-14-52</u>				REGISTRAR'S SIGNATURE <u>Ruth Jitso</u>			
25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u>				ADDRESS <u>IMPERIAL Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED SEP 16 1952
HILLSBORO, MISSOURI
JEFFERSON COUNTY HEALTH DEPT.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3872

P. O. Address Imperial Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.